

Bid Tabulation and Recommendation For Contract Award

Department of Technology, Management and Budget, FSA-DCD

3111 W. St. Joseph

P.O. Box 30026

Lansing, Michigan 48909

File Number: **xxx/xxxx.ABC**

Bid Package # 1

Agency Name: **Agency - Location**

Available Funds \$ _____

Scope: **Scope**

Index Number _____

Bid opening date and time **Today's Date 2:00 p.m.**

Bid Expiration Date **60 days from Bid Opening**

Director

SAB

Architect

PSC Firm Name

BIDDER:

AWARD:

FUNDS:

Low

Adequate

Second

Revised W.O./M.O.P.

Third

Addendum

Additional Funds \$ _____

RECOMMENDATION (Return to Facilities Administration)

REASON FOR PROJECT (Must be filled in)

BID SECURITY

NOT REQUIRED

REQUIRED

BIDDERS	Qualified Dis. Veteran?	Cert. of Awardability?	BOND %	BID BOND	BASE BID
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No Bids Received